

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 1 (j)
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Individuals with sensory impairments

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to page 8t of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to page 8u of the Limitation Supplement to Attachment 3.1-A.

TN No. MA 94-009

Supersedes

TN No. MA 90-41

Approval Date 1/25/95

Effective Date 4/01/94

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

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D. Definition of Services:

Refer to page 8v of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to pages 8v-8w of the Limitation Supplement to Attachment 3.1-A.

TN No. MA 94-010

Supersedes

TN No. N/A 91-4

Approval Date

4-30-95

Effective Date

07/01/94

HCFA ID: 1040P/0016P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Adults 18 and older in need of protective services

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to page 8y of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to page 8y of the Limitation Supplement to Attachment 3.1-A.

TN No. MA 97-001

Supersedes
TN No. N/A

Approval Date 5/30/97

Effective Date 4/01/97

HCFA ID: 1040P/0016P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Individuals with head and spinal cord injuries and related disabilities

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to page 8z-7 of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to page 8z-7 of the Limitation Supplement to Attachment 3.1-A.

TN No. MA 92-18

Supersedes

TN No. N/A

Approval Date **FEB 19 1992**

Effective Date 7-01-92

HCFA ID: 1040P/0016P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

CASE MANAGEMENT SERVICES

A. Target Group: Individuals with sensory impairments

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Refer to page 8z-9 of the Limitation Supplement to Attachment 3.1-A.

E. Qualification of Providers:

Refer to page 8z-10 of the Limitation Supplement to Attachment 3.1-A.

TN No. MA 93-010

Supersedes

TN No. N/A

Approval Date JUN 16 1993

Effective Date 7/01/93

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State/Territory: South Carolina

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 89-17
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